

CRITERIA FOR PRIOR AUTHORIZATION

Zydelig® (idelalisib)

PROVIDER GROUP Pharmacy
Professional

MANUAL GUIDELINES The following drug requires prior authorization:
Idelalisib (Zydelig)

CRITERIA FOR CHRONIC LYMPHOCYTIC LEUKEMIA (CLL) Must meet all of the following:

- Patient must have a diagnosis of relapsed CLL
- Patient must be using in combination with rituximab

CRITERIA FOR FOLLICULAR B-CELL NON-HODGKIN LYMPHOMA (FL) Must meet all of the following:

- Patient must have a diagnosis of relapsed FL
- Patient must have received at least two prior systemic therapies for FL

CRITERIA FOR SMALL LYMPHOCYTIC LYMPHOMA (SLL) Must meet all of the following:

- Patient must have a diagnosis of relapsed SLL
- Patient must have received at least two prior systemic therapies for SLL

LENGTH OF APPROVAL 12 months